

TENNESSEE DEPARTMENT OF AGRICULTURE DIVISION OF REGULATORY SERVICES PLANT CERTIFICATION

APPLICATION FOR HOBBYIST GREENHOUSE CERTIFICATE

 NEW RENEWAL CERTIFICATION NO. □ CHANGE OF ADDRESS CHANGE OF OWNERSHIF BRANCH 	-	For Departi	No.:	Only	
Please print or type information requested in spaces where indicated. MAILING ADDRESS Firm:					
Owner:			Contact Person:		
Address:					
City/State/Zip Code:			County:		
Email Address	Phone:		Fax:		
SALES LOCATION Physical Address Only, No Post Office Box					
Address:	Country	6		7:	
City:	County:	31	tate:	Zip:	
Total Growing Area - Square Feet Do you sell/ship out of state?					
Potted Foliage Plants Potted Flowering Plants Cut Flowers Vegetable Plants Bedding Plants Bulbs, Rhizomes, Etc	Seasonal Plants (poinsettia, azalea, hydrangea) Specialties (orchids, camellia) Herbs Other (List)				

PLEASE FILL OUT REVERSE SIDE. <u>Application must be signed and dated on reverse side to be processed by Plant Certification</u>.

List all sources of nursery stock imported into your nursery/greenhouse or firms you plan to purchase from in the future. Include the name, address, and telephone number of each source. Attach additional pages as needed. It is further agreed that records (invoices, certification, and compliance stamps) will be kept of the actual sources from which all plants and nursery stock are obtained.

Name	Address	Telephone
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I certify that my greenhouse	grown plants are being grown in areas les	s than 600 square feet.
Signature (Applicat	tion not valid unless signed)	Date
Signature (Application	ion not valid unless signed)	Date
	or will be contacting you to set up a time to vithout a current inspection of the facilities.	
☐ List of Vendors, ☐	be mailed to the address below for issuance of Signed form, \$\sum \frac{100.00}{1000}\$ signed check, percentage and certificate number located in	er business location, made out to
☐ Educational Institution		
I I	Tennessee Department of Agriculture Plant Certification P.O. Box 40627, Melrose Nashville, TN 37204	